

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

11989

-62-048607

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No.

Registrar's No.

FILED JAN 10 1963

VS 300
Rev. 4/59

1
2 20
3
4 1
5 2
6
7 0
8 1
9
10
11
12 90-3
13

DATE AMENDED
INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
Entire life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4257 North 19th

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4257 North 19th Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Bertha A. Mueller

4. DATE OF DEATH
Month Day Year
December 13, 1962

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
7-17-1901

9. AGE (last birthday)
61

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework

10b. KIND OF BUSINESS OR INDUSTRY
Own home

11. BIRTHPLACE (City and state or country)
St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Jacob Heimburger

13b. MOTHER'S MAIDEN NAME
Mary Ruthmeyer

14. NAME OF HUSBAND OR WIFE
Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Theresa Krull, 8415 Water Str

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

493x

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Helen L. Taylor Coroner

22b. ADDRESS
1300 Clark Ave
22c. DATE SIGNED
12/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Dec 17, 1962

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis, Mo

24. FUNERAL DIRECTOR
Address
Edw. Koch & Son - 3516 E. 14th

25. DATE RECD. BY LOCAL REG.
DEC 14 1962

26. REGISTRAR'S SIGNATURE
Rosal Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Van M. Seymour

Licensed Embalmer No.

4343

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.